PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 09/680693

CLAIMS AS FILED – PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	6 minus 20 =	* 0	X $___ =		OR	X $___ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	* 0	X $___ =		OR	X $___ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $___ =		OR	+ $___ =	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

1/4/06

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 27	Minus	** 24	= 3	X $___ =		OR	X 50 =	150
Independent (37 CFR 1.16(b))	* 6	Minus	*** 5	= 1	X $___ =		OR	X 200 =	200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___ =		OR	+ $___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	350

7.24.06

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 27	Minus	** 27	= 0	X $___ =		OR	X $___ =	
Independent (37 CFR 1.16(b))	* 6	Minus	*** 6	= 0	X $___ =		OR	X $___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___ =		OR	+ $___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

9/25/07

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 5	Minus	** 27	= 0	X $___ =		OR	X $___ =	0
Independent (37 CFR 1.16(b))	* 1	Minus	*** 6	= 0	X $___ =		OR	X $___ =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___ =		OR	+ $___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.